



**GEORGIA MEDICAID FEE-FOR-SERVICE
ACNE AND ROSACEA AGENTS, TOPICAL PA SUMMARY**

Preferred	Non-Preferred
<i>Topical Miscellaneous and Combination Products</i>	
<p>Avita (tretinoin cream 0.025%, tretinoin gel 0.025%)* Azelex (azelaic acid cream 20%)* Clindamycin 1% gel, lotion, solution, swab generic Clindamycin 1.2%/benzoyl peroxide 5% gel generic Epiduo gel (0.1% adapalene/2.5% benzoyl peroxide)* Erythromycin 2% gel, solution generic Metrogel Tube 1% (metronidazole) Tazorac (tazarotene) cream, gel^ Tretinoin cream 0.025%, 0.05%, 0.1%* Tretinoin gel 0.01%, 0.025% generic*</p>	<p>Acanya (clindamycin 1.2%/benzoyl peroxide 2.5%) Aczone (dapsone gel 5%, 7.5%) Adapalene cream, gel generic Akliel (trifarotene) Altreno (tretinoin lotion 0.05%) Amzeeq (minocycline foam 4%) Clindamycin 1% foam generic Clindamycin 1%/benzoyl peroxide 5% gel generic Clindacin Kit/Pac (clindamycin swab 1% and cleanser) Differin (adapalene cream, gel, lotion)* Epiduo Forte (0.3% adapalene/2.5% benzoyl peroxide) Ery Pad (erythromycin) Erythromycin/benzoyl peroxide generic Erythromycin pad generic Evoclin 1% foam (clindamycin) Fabior (tazarotene 0.1% foam) Finacea (azelaic acid aerosol/foam and gel 15%) Metrogel Pump 1% (metronidazole) Metronidazole cream, gel (tube and pump), lotion Noritate (metronidazole cream 1%) Neuac gel/kit (clindamycin 1.2%/benzoyl peroxide 5% gel, moisturizer cream) Onexton (clindamycin 1.2%/benzoyl peroxide 3.75%) Retin-A Micro (tretinoin microsphere gel 0.04%, 0.06%, 0.08%, 0.1%) Retin-A Micro Pump (tretinoin microsphere gel 0.04%, 0.1%) Rosadan Kit (metronidazole 0.75% cream or gel, OTC cleanser) Soolantra (ivermectin) Tretinoin gel 0.05% generic (generic Atralin) Tretinoin microsphere gel 0.04%, 0.1% generic Tretinoin microsphere gel pump 0.04%, 0.1% generic Ziana (clindamycin 1.2%/tretinoin 0.025% gel)</p>
<i>Topical Sulfacetamide Products</i>	
<p>BP Emulsion (sulfacetamide sodium/sulfur in urea emulsion 10-4%) Sulfacetamide sodium/sulfur aerosol, emulsion 10-5% generic Sulfacetamide sodium/sulfur in urea emulsion 10-5% generic</p>	<p>BP Emulsion (sulfacetamide sodium/sulfur emulsion 10-1%) Sulfacetamide sodium lotion, liquid/wash 10% generic Sulfacetamide sodium/sulfur cream 10-5% generic Sulfacetamide sodium/sulfur liquid cleanser 9.8%-4.8% Sulfacetamide sodium/sulfur pad 10-4% generic Sulfacetamide sodium/sulfur wash 9-4% generic</p>



	Sumaxin Pad (sulfacetamide sodium/sulfur pad 10-4%) Sumaxin Wash (sulfacetamide sodium/sulfur wash 9-4%)
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*requires PA for members 21 years of age and older; ^requires PA for members 30 years of age and older

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- Avita, Azelex, brand Differin, Epiduo, generic tretinoin cream and gel require PA for members 21 years or older. Tazorac requires PA for members 30 years or older.
- If generic adapalene is approved, the PA will be issued for brand Differin. If brand Evoclin is approved, the PA will be issued for generic clindamycin 1% foam. If generic metronidazole 1% gel pump is approved, the PA will be issued for brand Metrogel pump. If brand Sumaxin Wash is approved, the PA will be issued for generic sulfacetamide sodium/sulfur wash.

PA CRITERIA:

Topical Miscellaneous and Combination Products

Avita, Azelex, Epiduo, Tretinoin Cream and 0.01%, 0.025% Gel Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris. PA is not required for members less than 21 years of age.

Tazorac

- ❖ Approvable for members with a diagnosis of acne vulgaris or plaque psoriasis. PA is not required for members less than 30 years of age.

Acanya, Clindamycin 1%/Benzoyl Peroxide 5% Gel Generic, Onexton

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be clindamycin 1.2%/benzoyl peroxide 5%.

Aczone

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne.

Adapalene Cream/Gel Generic, Differin

- ❖ Approvable for members with a diagnosis of acne vulgaris who have experienced ineffectiveness with at least two preferred products, one of which must be a preferred retinoid (Avita, Tazorac, tretinoin cream, 0.01%, 0.025% gel generic).

Aklief

- ❖ Approvable for members with a diagnosis of acne vulgaris who have experienced ineffectiveness with a preferred retinoid product (Avita, Tazorac, tretinoin cream, 0.01%, 0.025% gel generic) and a non-preferred adapalene product (adapalene generic, Differin).



Amzeeq, Clindamycin 1% Foam Generic, Clindacin Kit/Pac, Evoclin

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be clindamycin.

Epiduo Forte

- ❖ Approvable for members with a diagnosis of acne vulgaris who have experienced ineffectiveness with at least two preferred products, one of which must be Epiduo.

Ery Pad, Erythromycin Pad Generic, Erythromycin/Benzoyl Peroxide Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be erythromycin.

Fabior

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Tazorac, is not appropriate for the member.

Finacea and Soolantra

- ❖ Approvable for members with a diagnosis of acne rosacea who have experienced failure, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, Metrogel.

Metrogel Pump, Metronidazole Cream/Gel/Lotion/Pump Generic, Noritate, Rosadan Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Metrogel 1% tube, is not appropriate for the member.

Neuac Gel/Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic clindamycin 1.2%/benzoyl peroxide 5%, is not appropriate for the member.

Retin-A Micro Gel, Retin-A Micro Pump, Tretinoin Microsphere Pump Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons generic tretinoin microsphere in tube (not pump) is not appropriate for the member.

Altreno, Tretinoin Gel 0.05% Generic (Generic Atralin) and Tretinoin Microsphere Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have tried and failed therapy with a preferred tretinoin product (Avita, tretinoin cream or gel generic) and Azelex.

Ziana

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with the preferred products used together, clindamycin 1% gel and tretinoin 0.025% gel or Avita 0.025% gel.



Topical Sulfacetamide Products

Non-Preferred Sulfacetamide Sodium and Sulfacetamide Sodium/Sulfur Products

- ❖ For members with a diagnosis of acne vulgaris, acne rosacea or seborrheic dermatitis, prescriber must submit a written letter of medical necessity stating the reasons the preferred sulfacetamide sodium/sulfur products are not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.